

EXHIBIT 6

Healthcare Subcommittee of the Summit County Opiate Task Force Meeting

AUGUST 20, 2014

2:00 p.m. – 4:00 p.m.

MFM Conference Room

Meeting called to order 2:04 p.m. by:

Garry Thrasher / Dana Nelson

Note taker: Vickie Conwell

Attendees:

Lynne Blinco

Sarah Friebert

Judy Ohlinger

Glen Rech

Eric Schwiger

Matthew Snyder

Janet Wagner

Sara Dugan

Dana Nelson

Paula Rabinowitz

Cindy Schwarz

Gary Sipps

Garry Thrasher

Guests:

Doug Smith

Homework Assignment

Mission Statement – Group to work on ideas for part of the mission statement that would include short and long term goals.

Opening

New Members Introduced: Matt Snyder, Summit County Alcohol and Drug Abuse Counselor
Lynne Blinco, V.P Operations, AGMC Edwin Shaw Rehabilitation
Glen Rock – Lead Pharmacist, Pain Center, Summa Western Reserve

Meetings Reformatted: Dana Nelson outlined a new reformatted agenda that will help sort and clarify reports and put into buckets.

1. Clinical Care (maternal, neo-natal, pediatric and adult)
What resources or things developed from subcommittee
2. Education/Training/Grand Rounds
3. Access/Dispensing
4. Legal Updates
5. Homework Assignment

The items will be standing bucket items – Notify Dana/Garry with any new Items to add to agenda and identify the presenter. Mission Statement submissions to be added to the homework assignment section.

Reports

Waitlist update for Detox and residential treatment – Paula Rabinowitz

Currently in process and will soon be finalized by Oriana Crisis Center and Paula. Working on getting an accurate report over time by gender, and then by priority. Detox wait times are by priority-driven choice: Alcohol and benzodiazepines benzoates main priority, opiates second priority. The research department at Oriana will be creating an Excel database. Will be able to run the statistics on a quarterly basis. A plot graph over time per gender will also be helpful.

There are two different wait time processes being used:

1. Requesting a bed in the Oriana House detox unit. The wait time for detox is from the time they call Kara Wilson who manages the detox beds until the time they enter the bed.
2. Wait time from assessment to a bed in residential treatment in IBH or RAMAR.
The wait time from assessment to residential treatment has been managed since 2010 and meets two times per month. Wait time for residential treatment is from the time they complete their assessment until they enter the treatment

Currently the average wait list time for a bed in residential treatment is 41 days for women, 44 days for men at RAMAR and 34 days for women at IBH and 53 days for men at IBH. Need to look further for a more accurate report on the wait list times. There are system capacity issues. There are more patients being detoxed than are able to get in for treatment.

“Vivitrol Clinic” at Oriana House – Garry Thrasher

Garry Thrasher reported they are currently working on setting up a clinic. Vivitrol is an opiate blocker naltrexone for extended-release injectable suspension that is taken once a month by injection. Very expensive but effective. Oral naltrexone works well but falls off after a couple of weeks with low compliance. Not for use by pregnant women. The standard method of treatment for pregnant patients is methadone.

Summit Pain Specialists, Inc. update – Gary Sipps

James Bressi, DO is no longer with Summit Pain Specialists, Inc. There is concern since there may be between 5-6,000 patients that could be left without care with Dr. Bressi gone. Dr. Young is no longer present. There is a possibility they are searching for a replacement. The practice or group itself may consider closing. Anthem and Caresource have dropped them as providers. Will continue to monitor and report back to the group.

Tramadol update. Bunavail and Probuphine – Glen Rich

Tramadol has been re-classified as a scheduled medication; it is now a schedule 4 drug. There is a limit on the different types with 5 refills only. Fax printed script or verbal order must be kept in file. Set number of limitations with the drug.

Bunavail has been approved by the FDA, effective June 2014. of this year. The drug is in the same class of drugs such as suboxone, probuphine, naloxone. It has increased bioavailability and is equal to twice amount of suboxone. Comes in 3 strengths: 2.1 mg 6/1 ratio, 4.2, and 6.3 mg. Buccal films inside of mouth are dissolved. There is a drug interaction with HIV/Aids medications. Less medication provides same results as some of the other drugs currently being used.

Probuphine is an agent that has four implantable rods of buprenorphine – each rod contains 80 mg and is slowly released over 6 months. This drug could pose potential for diversion. Was reviewed by an advisory

committee and the FDA rejected in 2013 but is going back for review and looking for approval.

Proposed pharmacy instructions on the proper storage and disposal of controlled drugs. – Sara Dugan
Controlled drug returns must be in an authorized location with law enforcement present. Not being done consistently. There is a potential for diversion. Pharmacies are partnering with others for consistent take back for disposal.

There is reluctance for disposal due to the liability. Tracking at pharmacy level, Beth at Ritzman Pharmacy involved. Beth to get a listing of the Summit County dump sites. Flyers are being distributed with information at some of the Giant Eagle pharmacies. More frequent disposal dates and locations would be helpful. Public awareness is an issue. More physicians need to educate their patients that when they do not take all of their medications that they need to get rid of them by disposing at one of the sites.

There was a recommendation to put flyers in prescription medication bags to help educate in the efforts to dispose of unused medications. Pfizer is working on an initiative with an education committee to create an ORS platform to give individuals with chronic pain the correct way for pain medication usage. Applying for a grant.

Business cards for distribution by law enforcement – Doug Smith

Grants for as much as \$25,000 are being used to help pay for overtime and under cover law enforcement in the ongoing efforts to get the information out to drug users and others by distributing business cards with the pertinent information regarding the help that is available for persons with drug and alcohol dependencies. There is a number to call to get help/intervention. Doug Smith will get an update to see how many cards are being handed out and how the project is working.

Unfinished Business

Dentist Search – Doug Smith

Need representation for the committee from the dental community. 10 -12% of opiates prescribed are from the dental field. Dr. Cohen, Summa Dental Residency Program director is looking into the possibility of attending this taskforce committee to bring his knowledge and experience to the table.

Physician Education – Grand Rounds – Garry Thrasher

The ADM has received a call from Dr. Shah Jalees, Psychosomatic Medicine from Summa who is interested in presenting a CME program for grand rounds. Will talk to Dr. Shane and Internal Medicine from Summa regarding doing grand rounds and opiate use. Lynne Blinco to follow up with the possibility of grand rounds by someone from Orthopedics at Akron General Medical Center.

There is a need for the medical community to have knowledge of when and where presentations for opiate use will be presented. Ideally they should be posted on a website. Workshops would also be a good avenue to share information with the medical community. Common marketing tools and speakers to pass along to the public with helpful information needs to be looked at closer to touch the opiate population.

Overdose tracking

Dr. Schwiger from Summa's ER reported that they are tracking the use of Narcan via ambulance, private, walk in, etc. so far this year. He will bring the data to the next meeting. Similar data is being collected

by several different disciplines through the medical community and needs to be combined to hone in on the overall numbers. The Coroner's office tracks the OD deaths – 64 last year. However, there is no generalization as far as age, gender, zip code. Dana Nelson to call to inquire if the zip code information could be obtained. Sara Dugan reported that the zip code for the pharmacy filling the drugs would be available from OARRS or the DEA.

Some school education is being done and also at the administration of kits at the Community Health Center. Paula Rabinowitz reported that the ADM is participating in a Suboxone project that has coaches from Maine and is part of a national research project. School education may be something Akron Children's School Health can do with community addiction support.

New Business

Neonatal Abstinence Syndrome (NAS) – Dana Nelson

Babies are part of the 3 Akron NICU and collaboratives.

Patient with NAS 2012 – 107 (treatment only)

2013 - 109

(Jan-April) 2014 - 42 (on pace for 126 for 2014)

The numbers equal approximately 10% of all NICU admissions.

Judy Ohlinger reported that The MOTHER study shows slight edge to Subutex for better outcomes. Sara Dugan reported that she will be joining in on a conference call for the Ohio College of Medicine Government Resource Center Clinical Advisory Panel for prenatal and postnatal opiate use. Sara will bring back a report from the call. Dr. Sarah Friebert stated that she obtained from a Columbus conference data from The First Step Women's maternal addiction program in Cincinnati. Data indicates that methadone length of stay a lot longer than Subutex. Higher percentage for normal birth weight with Subutex. Length of stay in treatment for the moms are twice as long with Subutex as well as half the relapse rate. The average NICU stay prior to using Subutex was 18.6 days and now is down to 3.7 days using Subutex as related to their NAS not including other health factors. A PowerPoint is available from the opiate conference that was held in Columbus.

January through June 2014 reported 59 opiate pregnancies; last year's total was 62 per Summa.

Proposed Focus Groups – Dana Nelson/Sarah Friebert

Focus groups are exploring options and resources to see if moms are able to take care of the baby in settings outside of the NICU. The focus group includes members from the community to help on this initiative.

Group looking into other players. The group is being patterned off the Vancouver project.

Improved non- pharmacological care will help to decrease the pharmacological care of the neonates.

Announcements

Physician Survey on the Joint Commission and Press Ganey – Doug Smith/Garry Thrasher

The ADM is doing a survey and asking physicians if they feel pressured prescribing opiates? Do they feel pressured by JCAHO or Press Ganey scores? Draft of survey to be sent. The price of satisfaction article was sent with the last minutes for review.

Proposed buprenorphine study – Doug Smith/Garry Thrasher

Study whether to use buprenorphine or Methadone – trying to go to state to go to Medicaid to get into the standards. Based upon 2012-2013 charges at Akron Children's – 80-90% are Medicare patients. NAS babies are staying longer in hospital, even those not treated are kept to 5-7 days. Karen Frantz involved at Summa and will be able to give a report.

Added beds to ADM Detox – Garry Thrasher

There will be two additional beds added to ADM Detox. This will help with the current wait list.

Santa Clara and Orange counties of California file suit against 5 pharmaceutical companies – Garry Thrasher

Several counties in California, and Chicago have filed suits so far against 5 opiate pharmaceutical companies for compensation due to the over-prescribing risk.

Next Meeting

Wednesday, September 24th - 2:00 - 4:00 p.m. – MFM Conference Room, 5th Floor, Considine Building.

Webex:

Call-in toll-free number: 1-1-855-851-0425 (US)

Call-in number: 1-1-765-303-0760 (US)

Conference Code: 883 800 95

Meeting Adjourned